



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

January 26, 2012

Zhan Li Ji
J & J Foot Care

HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL BUSINESS LICENSE ID #138603

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, February 8, 2012 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language**. If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

5TH
NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....PASADENA STAR NEWS

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....01/12/2012
2ND PUBLISHING DATE:.....01/19/2012
3RD PUBLISHING DATE:.....01/26/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MESSAGE PARLOR-GENERAL

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....3575 E. COLORADO BLVD
PASADENA, CA 91107
NAME OF APPLICANT:.....J & J FOOT CARE / ZHAN LI JI
J & J FOOT CARE
DATE OF HEARING:.....02/08/2012
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Los Angeles County Treasurer and Tax Collector Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

Not State Licensed

ID # 13860.3

BUSINESS INFORMATION

Type of Business: Massage Parlor		Address of Business: 3575 E. Colorado Blvd, Pasadena CA 91107	
DBA (Business Name): J & J Foot Care		Business Telephone: 626-677-1709	
Sellers Permit # (State Board of Equalization):		Mailing Address:	
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:			
Date of Incorporation:		Incorporated in the State of:	
Exact Corporate Name:			
Names of Officers	Addresses	Titles	

APPLICANT INFORMATION

Applicant's Full Name: Zhan Li Ti

Male ☒ Female ☐ Height 5'06 Weight 148 Hair Color BLK Eye Color BRN

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 06.13.2011 Applicant's Signature: [Signature]
Application taken by: [Signature] Date: 6/13/2011



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **3575 E COLORADO BLVD, PASADENA, CA 91107**

TELEPHONE: **(626) 677-1709**

OWNER OF BUSINESS: **ZHAN L JI**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **J & J FOOT CARE**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/21/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	12/08/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	08/04/11	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	12/15/11	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/14/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/12/12	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/15/11	

Conditions: --ALL MASSAGE TECH MUST BE STATE LICENSE.

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

6/20/11

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3575 E COLORADO BLVD, PASADENA, CA 91107

TELEPHONE: (626) 677-1709

OWNER OF BUSINESS: ZHAN L JI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: J & J FOOT CARE

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION:

None -

SIGNATURE:



DATE:

7/6/11

BASIC LICENSE NO. 5910

DATE 06/14/11

IDENTIFICATION NUMBER 138603



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
REVENUE & ENFORCEMENT DIVISION
BUSINESS LICENSE SECTION



TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13th FLOOR, ROOM 1360
LOS ANGELES, CA 90012

FROM: BUSINESS LICENSE SECTION
225 N. STREET AVE., ROOM 109
LOS ANGELES, CA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

DATE: May 31, 2011

RBUS 201100190
ID# D8309920
138603

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 3575 E. Colorado Blvd -

CITY: Glendale CA ZIP CODE: 91107

NAME OF OWNER: Zhan Li Ji

D.B.A. / NAME OF BUSINESS: JRJ Foot Care

MAILING ADDRESS: _____

EXISTING USE: New (☒) Renewal (☐) 626-6771709
C-3, E. Pas - E. SG CSD.

USE PERMITTED IN ZONE: ☒ APPROVED USE NOT PERMITTED IN ZONE: ☐ DENIED:

REMARKS: Approved for massage parlor per building permits (commercial use in 1941). New signage or TI requires Planning review. Each massage therapist or practitioner providing massage services must be state certified by the California Massage Therapy Council (CMTA) and must retain that certification at all times. Any person providing massage services must post a valid CMTA certificate on-site. The massage business must cease operation and obtain a CUP if certification has not been obtained, or any of the massage therapist/practitioners fails to renew certification by the expiration date, or the certification is revoked. The massage business must obtain and maintain a valid business license and each therapist/practitioner may need to get a business license.

SIGNATURE: _____ DATE: 6/13/11

FH:fh





**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3575 E COLORADO BLVD, PASADENA, CA 91107

TELEPHONE: (626) 677-1709

OWNER OF BUSINESS: ZHAN L JI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: J & J FOOT CARE

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 6/21/2011

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

ERAR

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3575 E COLORADO BLVD, PASADENA, CA 91107

TELEPHONE: (626) 677-1709

OWNER OF BUSINESS: ZHAN L JI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: J & J FOOT CARE

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:



DATE: 12-05-11

BASIC LICENSE NO. 5911

DATE 06/14/11

IDENTIFICATION NUMBER 138603

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

911-01412

KIND OF BUSINESS: MASSAGE PARLOR-GENERALADDRESS OF BUSINESS: 3575 E COLORADO BLVD, PASADENA, CA 91107TELEPHONE: (626) 677-1709OWNER OF BUSINESS: ZHAN L JI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: J & J FOOT CARE

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE**SHERIFF FINGERPRINT**

LA COUNTY

☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: B. DavisDATE: 12-13-11

BASIC LICENSE NO. 5910

DATE 09/22/11

IDENTIFICATION NUMBER 138603

RB